

# SPRINGDALE FIRE DEPARTMENT

## FIRE PREVENTION DIVISION

### WET CHEMICAL ACCEPTANCE TEST FORM

Occupancy \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Installing Contractor \_\_\_\_\_  
System Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
Inspector \_\_\_\_\_

1. Cylinder  
Does the location allow for monthly inspections YES NO  
Is it securely mounted YES NO
2. Distribution Piping  
Type: Black Steel Galvanized  
Securely mounted YES NO
3. Detectors  
Type: Fusible link (Temp.\_\_\_\_\_) Glass Bulb (Temp.\_\_\_\_\_)  
Securely fastened YES NO  
Properly located above each appliance YES NO  
At or within 12" of duct opening YES NO
4. Nozzles  
Are nozzles in place and positioned appropriately YES NO  
  
Plenum nozzles in place YES NO  
  
Duct nozzles in place YES NO
5. Hood and Duct  
Does the hood provide required 4" overhang YES NO  
Are the seams and penetrations liquid tight YES NO  
Is grease cup installed and easily removable YES NO
6. Manual Pull  
Is the manual pull greater than ten foot but less than  
twenty-one foot from the hazards YES NO  
Are manual pulls readily identified YES NO  
Is the location readily accessible and unobstructed YES NO
7. Acceptance Test Procedures  
Did gas valve close YES NO  
Did alarm contact operate YES NO  
Did supply air shut down YES NO  
Did exhaust air continue operation YES NO  
Did electrical service interrupt YES NO